

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Please type a plus sign (+) inside this box

Application Number	
Filing Date	
First Named Inventor	Tuomikoski, Joseph W.
Title	Scent Lure Dispenser
Group Art Unit	
Examiner Name	
Attorney Docket Number	21452-00002

I hereby appoint:	_	
X Practitioners at € OR □ Practitioner(s) na	Customer Number 27144	Place Customer Number Bar Code Label here
	Name	Registration Number
		Tregistration Ivanibor
	r agent(s) to prosecute the application ide States Patent and Trademark Office conr	
	espondence address for the above-identined Customer Number.	fied application to: Place Customer Number Bar Code Label here
Firm or Individual Name		
Address		
Address		
City	S	State Zip
Country		
Telephone	F	ax
I am the: X Applicant/Invent	or.	
	ord of the entire interest. See 37 CFR 3.7 r 37 CFR 3.73(b) is enclosed. (Form PTC	
	SIGNATURE of Applicant or Assigne	e of Record
Name Dal	e James Syer	
Signature 7	ale Syl-	
Date 9-	18-01	
NOTE: Signatures of all the inver forms if more than one signature		r their representative(s) are required. Submit multiple
	ms are submitted.	

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box	→ +

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

		•
Application Number		_
Filing Date		
First Named Inventor	Tuomikoski, Joseph W.	
Title	Scent Lure Dispenser	
Group Art Unit		
Examiner Name		
Attorney Docket Number	21452-00002	_

I hereby appoi	int:		. .							
OR	ners at Custo er(s) named		271	4 4			Nur	ce Custo nber Ba el here		
	ci(s) named	Name			T —	Pegistr	ation N	lumber		
		Manie			+-	registi	auon N	umber		
	-	·								
as my/our attorn business in the								transa	ct all	
Please change t	he correspon			ove-iden	tified a	applicatio	n to:			
OR		_						ustomer		
	s at Custome	er Number L				-	Number Label h	r Bar Cod ere	ie	
OR -	•									
Firm or Individual Na	ime									
Address										
Address										
City					State			Zip		
Country				- r						
Telephone			-		Fax					
I am the:										
X Applican	t/Inventor.									
	e of record of nt under 37 ((96).				
		SIGNATURE (of Applicant of	or Assign	nee of I	Record				
Name		Edward Le				,	/			
Signature		2	190	. son	1		1			
Date	1/1	- 11-1	<u> </u>	er I					····	
NOTE: Signatures of all	the inventors o	or assignees of re	ecord of the ent	ire interest	or their	representa	ative(s) a	re require	ed. Submit multiple	le
forms if more than one	signature is requ	uired, see below	<i>r</i>							
☑ *Total of 3	forms ar	e submitted.					<u> </u>			

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box	→

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number		
Filing Date		
First Named Inventor	Tuomikoski, Joseph W.	
Title	Scent Lure Dispenser	'
Group Art Unit		
Examiner Name		
Attorney Docket Number	21452-00002	

I hereby	appoint:	*****	
X Pra	ctitioners at 0	Customer Number 27144	Place Customer Number Bar Code Label here
☐ Prac	ctitioner(s) na	med below:	
[Name	Registration Number
-			
ŀ			
L			
		agent(s) to prosecute the application ide	
		States Patent and Trademark Office conn	
	=	espondence address for the above-identif ned Customer Number.	led application to:
OR			Place Customer
Practit	tioners at Cus	stomer Number -	Number Bar Code Label here
OR	**		Edbornere
Firm or	r ual Name		
Address			
Address			
City		s	tate Zip
Country			
Telephone		Į F	ax
l am the:			
X Apr	olicant/Invente	or.	
☐ Ass	sianee of reco	ord of the entire interest. See 37 CFR 3.7	1.
		r 37 CFR 3.73(b) is enclosed. (Form PTC	
		SIGNATURE of Applicant or Assigned	e of Record
Name	Jose	eph, William Tuomikoski	, .,
Signature		unh w. Tuon hos	·
Date	1	9/18/01	
	s of all the inver	ntors or assignees of record of the entire interest or	their representative(s) are required. Submit multiple
forms if more that	n one signature	is required, see below*.	
	3for	ms are submitted.	

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

			Attorney Docket Number	r 21452-00002	
DECLARATI	ION FO	R UTILITY OR	First Named Inventor	Tuomikoski, Jose	≥ph W.
PATENT APPLICATION (37 CFR 1.63)		COMPLETE IF KNOWN			
		Application Number			
X Declaration		Declaration	Filing Date		
Submitted	OR	Submitted after Initial Filing (surcharge	Group Art Unit		
with Initial Filing		(37 CFR 1.16 (e)) required)	Examiner Name		

	riiiig	required)	Examiner Name	9					
	As a below named inventor, I he	ereby declare that:							
	My residence, mailing address, and citizenship are as stated below next to my name.								
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
		SCENT LURE	DISPENSER						
		(Title of t	he Invention)						
	the specification of which								
	X is attached hereto								
	OR								
	was filed on (MM/DD/YYYY)		as United St	tates Application I	Number or PCT International				
	Application Number	and was a	amended on (MM/DD/YY	m	(if applicable).				
	I hereby state that I have reviewed amended by any amendment spec	and understand the co	ntents of the above ident e.	tified specification	, including the claims, as				
	I acknowledge the duty to disclose in-part applications, material inform PCT international filing date of the	nation which became av	ailable between the filing	defined in 37 CFI date of the prior	R 1.56, including for continuation- application and the national or				
	I hereby claim foreign priority benor plant breeder's rights certificate than the United States of Americ patent, inventor's or plant breeder application on which priority is clair	a, listed below and hav 's rights certificate(s), c	ve also identified below.	by checking the	box, any foreign application for				
	Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO				
_	Additional foreign application	numbers are listed on a	supplemental priority da	ta sheet PTO/SB	/02B attached hereto:				

[Page 1 of 2]

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: X Customer Number or Bar Code Labe	1 4/144	OR Co	rrespondence address below		
Name					
Address					
City	Star	te	ZIP		
Country	ephone		Fax		
I hereby declare that all statements made herein of my of are believed to be true; and further that these statement made are punishable by fine or imprisonment, or both, u validity of the application or any patent issued thereon.	its were made with the	knowledge that willful fa	alse statements and the like so		
NAME OF SOLE OR FIRST INVENTOR:	A petition has b	een filed for this un	signed inventor		
Given Name (first and middle [if any]) Joseph William		nily Name Surname	Tuomikoski		
Inventor's Signature Joseph W. Jumpo			Date 9/18/0/		
Residence: City	MI State	USA Country	USA Citizenship		
Mailing Address 44800 Bayview Drive					
City	MI State	48377 ZIP	USA Country		
NAME OF SECOND INVENTOR:	A petition has bee	en filed for this unsi	gned inventor		
Given Name (first and middle [if any]) David Edward		ily Name Le	e		
Inventor's Signature Cave			Date 9-15-01		
Residence: City Keego Harbor		Country USA	USA Citizenship		
Mailing Address 2485 Pine Lake Avenu					
City Keego Harbor	State MI	ZIP 48320	Country		
\overline{X} Additional inventors are being named on the $\underline{1}$ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Please type a plus sign (+) inside this box	+
---	---

Pto/sb/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>

Name of Additional Joint Inventor, if any:				☐ A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Sumame			
Dale James				Syer			
Inventor's Signature						Date 9-18-0	
Residence: City Walled Lake	Stat	te MI		Country USA		Citizenship USA	
Mailing Address 1732 Ashstan Drive							
Mailing Address							
City Walled Lake	Star	te MI		ZIP 48390	Count	try USA	
Name of Additional Joint Inventor, if any:							
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature Date						Date	
esidence: City State			Country			Citizenship	
Mailing Address							
Mailing Address							
City	Sta	ate	_	ZIP	Co	untry	
Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City	State			Country		Citizenship	
Mailing Address							
Mailing Address							
City	State			ZIP	c	country	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.